N06000012006

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

C.COULLIETTE

JAN 28 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Drops of Hope	, Inc.			
DOCUMENT NU	мвек: <u>N06000012006</u>				
The enclosed Artic	les of Amendment and fee are sub	mitted for	filing.		
Please return all co	rrespondence concerning this matt	er to the f	ollowing:		
		ael Fisch			
	(Name of	Contact P	erson)		
	Drops (of Hope,	Inc.		
	(Firm	/ Compan	y)		
	4851 West Hillsl	boro Blv	d. Suite	A -11	
<u></u>	(A	Address)			
	Coconut C	reek, FL	33073		
	(City/ Stat	e and Zip	Code)		
	michael@d				
	E-mail address: (to be used	d for futur	e annual re	eport notification	on)
For further informa	tion concerning this matter, please	call:			
Michael Fischer	•	at (954	428-4552	
(Nar	ne of Contact Person)		(Area Co	ode & Daytime	Telephone Number)
Enclosed is a check	for the following amount made page	ayable to	the Florida	Department o	f State:
☑\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing ied Copy tional copy sed)		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Street A		ŕ
Amendment Section Division of Corporations				nent Section of Corporations	
P.C	D. Box 6327		Clifton E	Building	
Ta	llahassee, FL 32314		2661 Exc	ecutive Center C	ircle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Drop	os of Hope, Inc.			
(Name of Corporation as cu	rrently filed with the l	Florida Dept. of S	State)	
NO	6000012006			
(Document N	umber of Corporation (if known)		
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of	Incorporation:	s Florida Not For	Profit Corporation add	opts
A. If amending name, enter the new name	of the corporation:			
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			acorporated" or the	
B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STRI</u>				
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)			10 JAN 25 AH 8: 25 SECRETARY OF STATE ALLAHASSEL FLORIO	
D. If amending the registered agent and/o new registered agent and/or the new re			<i>≯</i>	
Name of New Registered Agent:				
New Registered Office Address:	(Florida s	treet address)	_	
			, Florida	
	(C	City)	(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registed position.			cept the obligations of	the
_	Signature of New Reg	istered Agent, if c	hanging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	Dori Mirkow	5021 Ibis Place Coconut Creek, FL 33073	
			□ Add □ Remove
E. If ame	nding or adding additional Artic additional sheets, if necessary).	les, enter change(s) here: (Be specific)	<u>.</u>

The date of each amendment(s	adoption: January 22, 2010
` Effective date <u>if applicable</u> : _	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) aval.
There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
_{Dated} Janua	ary 22, 2010
Signature	Waff
have	he chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, o court appointed fiduciary by that fiduciary)
	Michael Fischer
	(Typed or printed name of person signing)
	Director
	(Title of person signing)